

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR UOD WITH FORM PTO-872)

SERIAL NO.
10/049363

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.						
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TOTAL CLAIMS						

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

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